

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 006218	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/20/2015
NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL- INDIANAPOLIS SOUTH		STREET ADDRESS, CITY, STATE, ZIP CODE 607 GREENWOOD SPRINGS DRIVE GREENWOOD, IN 46143		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for the investigation of (1) State complaint.</p> <p>Complaint number: IN00162193 Unsubstantiated. Lack of sufficient evidence. Unrelated deficiency cited.</p> <p>Date of Survey: 2/20/14</p> <p>Facility number: 006218</p> <p>Surveyors: Marcia Anness RN Public Health Nurse Surveyor</p> <p>Jennifer Hembree RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 02/26/15</p>	S 000		
S 732	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES</p> <p>410 IAC 15-1.5-4(d)(1)(2)(3)(4)</p> <p>(d) The medical record shall contain sufficient information to:</p> <p>(1) identify the patient; (2) support the diagnosis; (3) justify the treatment; and (4) document accurately the course of treatment and results.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to accurately document wound care</p>	S 732		

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 732	<p>Continued From page 1</p> <p>in the medical record for 1 of 10 patients (patient #1).</p> <p>Findings include:</p> <ol style="list-style-type: none"> Review of policy HD WC 01-001, last revised 02/28/14, Prevention and Treatment of Pressure Ulcers and Non-Pressure Related Wounds, indicated under Treatment Components: Documentation to include: <ol style="list-style-type: none"> The level of tissue destruction. <ol style="list-style-type: none"> NPUAP (National Pressure Ulcer Advisory Panel) staging classification for Pressure Ulcers. Partial thickness or full thickness tissue loss for non-pressure related wounds. Wound characteristics to include tissue type, exudate amount/type, undermining /tunneling, surrounding tissue appearance, odor initially and with each dressing change. Pain related to wound, dressing, and/or dressing procedure. Communication with patient/family, staff MD or other licensed providers. Review of patient #1 MR indicated the following: He/she was admitted on 9/4/14. An order was written on 9/5/14 for wound care consult and treat. The medical record lacked evidence that the patient's wound dressing was changed after 9/6/14 (9/9 and 9/11/14). The Wound Care Team Log indicated the dressing change was to occur every Tuesday, Thursday and Saturday. Staff member #1 verified the medical record information in interview beginning at 3:00 p.m. on 2/20/15. He/she also indicated that the wound 	S 732			

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S 732	Continued From page 2 care logs were not part of a medical record.	S 732			